

Swansea Bay University Health Board
Unconfirmed
Minutes of a Meeting
of the Workforce and Organisational Development Committee
held on 30th October 2019, Health Board HQ, Baglan

Present

Tom Crick Independent Member (in the chair)
 Jackie Davies Independent Member

In Attendance:

Hazel Robinson Director of Workforce and Organisational Development (OD)
 Richard Evans Medical Director
 Gareth Howells Director of Nursing and Patient Experience
 Kay Myatt Head of Learning and Development
 Craige Wilson Deputy Chief Operating Officer
 Sharon Vickery Assistant Director of Workforce and OD
 Kathryn Jones, Assistant Director of Workforce and OD
 Louise Joseph Assistant Director of Workforce and OD
 Liz Stauber Interim Head of Corporate Governance
 Leah Joseph Corporate Governance Officer
 Hannah Advanced Physiotherapy Practitioner/ Interim Service Manager, MCAS
 Stockham
 Des Keighan Assistant Director of Operations (estates) (for minute 214/19)

Minute	Item	Action
207/19	WELCOME	
	Tom Crick welcomed everyone to the meeting.	
208/19	APOLOGIES	
	Apologies for absence were received from Chris White, Chief Operating Officer/Director of Therapies and Health Science and Julian Quirk, Assistant Director of Workforce and OD.	
209/19	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	
210/19	MINUTES OF THE PREVIOUS MEETINGS	

The minutes of the meetings held on 27th August 2019 were **received** and **confirmed** as a true and accurate record.

211/19 MATTERS ARISING

(i) 195/19 Vacancy Control Panel Decisions

Jackie Davies sought an update on the issue surrounding jobs being advertised without having gone through the job evaluation process. Kathryn Jones advised that the final step now on Trac (the recruitment system) was sign-off by the job evaluation team, which was preventing this issue from further occurrences, but as the team comprised one member, it was causing a delay to adverts going live.

212/19 ACTION LOG

The action log was **received** and **noted** with the following updates:

(i) Action Point Three

Hazel Robinson suggested that a short presentation be received at the next meeting providing an explanation of the different doctor roles across the organisation. This was agreed. **HR**

(ii) Action Point Four

Hazel Robinson advised that the executive board report relating to improvement of compliance with statutory and mandatory training and personal appraisal and development reviews within hotel services was in development.

213/19 WORK PROGRAMME

The committee work programme was **received** and **noted**.

214/19 ESTATES COMPLIANCE WITH PADRS AND STATUTORY AND MANDATORY TRAINING

A report setting out compliance with personal appraisal and development reviews (PADRs) and mandatory training within estates was **received**.

In introducing the report, Des Keighan highlighted the following points:

- Some improvement with compliance had been evident;

- Extra administration resources had been taken on to support staff with IT literacy needs to complete the training modules;
- There had been some challenges in relation to loading completion data on the electronic staff record (ESR);
- Consideration was being given to holding group training sessions.

In discussing the report, the following points were raised:

Tom Crick stated that it was positive to see the improvements with compliance and the challenges with capacity to be able to release staff were recognised, but this was a tier one national target and the committee was concerned by the lack of significant progress. He emphasised the need to ensure that PADR dates were recorded on ESR otherwise they would not count.

Tom Crick queried the wider perception of the training and PADR requirements within estates. Des Keighan responded that while some staff were receptive to the requirements, others felt that it was a burden and required encouragement to participate.

Richard Evans advised that from the following year, pay progression would be dependent on staff having had a PADR, which needed to be a priority, while statutory and mandatory training completion should focus on the most relevant modules first. Kay Myatt responded that pay progression would also be reliant on compliance with statutory and mandatory training and IT equipment was available in hospital libraries to enable staff to complete the modules. Tom Crick queried as to whether training was available to improve digital literacy. Kay Myatt responded that drop-in sessions were available with local colleges but these were not well attended.

Gareth Howells commented that less of a focus was needed on the reasons why compliance could not be achieved and rather consideration be given to how it could, as there needed to be something for the organisation to work towards. He added that ESR was a tool which worked, the issue was how it was used, therefore the narrative needed to change.

Jackie Davies stated that if staff were unable to be released to complete training then it would be unfair to delay their pay progression. She added that there also needed to be a plan to capture those who were compliant but whose competencies were due to expire.

Tom Crick queried the next steps to improve the position. Hazel Robinson responded that the first phase would be the transfer of responsibility for ESR from finance to workforce but resources would be needed to manage it effectively. She added that once everyone was using self-service, the system would provide the necessary prompts of expiration of compliance.

Tom Crick stated that there did need to be a cultural shift across the organisation as the use of ESR was nationally directed and staff needed to understand its importance. Gareth Howells concurred, adding that changing the message around PADR's to highlight to staff it was an opportunity to meet with their managers would be a way to shift the focus.

Tom Crick suggested an update be received in relation to compliance for both estates and hotel services be received in December 2019. This was agreed.

CW

- Resolved:**
- The report be **noted**.
 - An update be received in relation to compliance for both estates and hotel services be received in December 2019.

215/19 CHANGE IN AGENDA ORDER

The agenda order be changed and item 2.5 be taken next.

216/19 OCCUPATIONAL HEALTH

A report providing an update in relation to occupational health was **received**.

In introducing the report, Paul Dunning highlighted the following points:

- Following the retire and return of key staff, a re-engineered workforce model for occupational health was in place based around allied health professionals working to the top of licence so doctors only saw the cases which needed such input;
- Funding had been received to enable the scanning of paper-based records which meant they could be accessed across the health board and searched for easily as and when required;
- The new allied health professional model was as a result of transformation monies which were due to cease in 2020, which was a risk to the service;
- A text reminder service was now in place to reduce the number of 'did not attend' occurrences;
- Support was being provided to managers during the referral process and workshops held to streamline the process for pre-employment checks;

- Waiting list length was reducing, with new referrals processed within five days and appointments offered within 15.

In discussing the report, the following points were raised:

Tom Crick sought clarity as to the potential impact of the targeted intervention money stopping. Paul Dunning advised that the 35 appointments per week provided by a physio and occupational therapist would no longer be provided.

Jackie Davies referenced the adjustments managers could in place to support their staff which were 'delayed' while they sought approval from occupational health. Paul Dunning concurred, adding that there were significant opportunities to enhance the skills of managers to make the adjustments rather than rely on occupational health to make the decisions. Hazel Robinson stated it was a symptom of how risk adverse the organisation had become and confidence needed to be instilled in managers to make the right decisions for their staff. Kay Myatt commented it was important to keep in mind that some of the health board's financial processes required occupational health sign-off before the purchase of new equipment was authorised.

Gareth Howells stated that there were several urban myths that the recruitment process was hindered by occupational health, adding that if this was the case, consideration was needed as to how to address it. Paul Dunning advised that this was sometimes true and often it was due to issues with paperwork which could have been easily resolved. Gareth Howells responded that it was important that the service guided managers as to what it required in order for the process to be smooth.

Tom Crick queried the service's ambition for 2020. Paul Dunning advised the main one was to become a fully digital service but the potential loss of funding was something which needed to be taken into account when planning the future.

Tom Crick sought clarity as to the frequency of reporting to the committee. Hazel Robinson advised that performance data was in development and reports could be provided at every other meeting thereafter.

Resolved: The report be **noted**.

217/19 WORKFORCE METRICS

A report setting out workforce metrics was **received**.

In introducing the report, Kathryn Jones highlighted the following points:

- While the in-month sickness rate had increased, an improvement of 0.5% had been evident within primary care and community services;
- 120 nurses had been recruited through a streaming process with Swansea University;
- 11 nurses from the Philippines had also been recruited with the required language competencies already achieved;
- The investigating officers were improving the length of time taken for disciplinary cases and the backlog had reduced to 53.

In discussing the report, the following points were raised:

Jackie Davies queried if there had been any feedback from the students who participated in the streaming process. Sharon Vickery responded that this was being collated but so far all seemed to have been happy with the process and consideration was being given as to how retention could be measured. Hazel Robinson added that as far as she was aware, all bar one of the candidates had been successful in gaining their first choice placement. Hannah Stockham advised that discussions were being undertaken as to whether a similar process could be used within therapies but as the professions were smaller, there were more risks to consider.

Tom Crick queried as to whether there had been any learning from the Singleton Hospital deep dive into its sickness absence rates. Kathryn Jones responded that the unit had taken a holistic approach to what drives sickness absences and cultural issues within particular hotspots. She added that there was learning which could be shared across the health board.

Hazel Robinson informed the committee that the organisation was 0.4% away from 80% compliance with statutory and mandatory training.

Resolved: The report be **noted**.

218/19 MEDICAL AGENCY CAP

A report setting out compliance against the medical agency cap was **received**.

In introducing the report, Sharon Vickery highlighted the following points:

- There had been some improvement with expenditure and compliance, and once the locum on-duty system was in place, expenditure against booking could be determined;
- Outputs for the actions to improve performance were now being tracked;

- The action plan in response to the Kendall Bluck review was almost finalised in terms of the emergency department work with consideration to be given to the junior doctor bandings next however it was important to undertake any work in the context of the redesign of the 'front door' services;
- Recruitment was due to start for four emergency department consultants;
- The contract with MEDACS had been extended to August 2020 as the all-Wales work was on hold. A tender exercise would take place the following year.

In discussing the report, Gareth Howells stated that workforce could not be considered in isolation rather the way in which services operated needed to be included also. He added that this was aligned with the work being undertaken in relation to the minor injury unit at Singleton Hospital as this needed to fit in with the Kendall Bluck emergency department work.

Resolved: The report be **noted**.

219/19 HIGH VALUE OPPORTUNITIES

A report setting out the workforce related high value opportunities within the financial recovery plan was **received**.

In introducing the report, the following points were raised:

- (i) Medical
 - The locum on-duty and internal bank system had stalled while the rate card was revised. Work was also needed on the system interface to ensure the two involved were aligned;
 - Progress was being made in relation to e-job planning.
- (ii) Nursing
 - E-rostering had been launched at Singleton Hospital and was in progress at Morriston Hospital;
 - The clinical practitioner role was in development and band four healthcare support workers were being recruited;
 - The 1:1 policy for supervised care was now in place to enable more healthcare support workers to provide such assistance;
- (iii) Therapies
 - All programmes were on target with some savings realised.

Resolved: The report be **noted**.

220/19 WORKFORCE FRAMEWORK

A report providing an update on the workforce framework was **received**.

In discussing the report, the following points were raised:

Jackie Davies stated that it was pleasing to see the progress being made by the Guardian Service however it was apparent that while some areas welcomed the initiative, others did not and were not promoting it. Hazel Robinson responded that the service had initially been commissioned for a year therefore next steps needed to be realised and commenced. Tom Crick queried if the service was to be procured on a year-by-year basis or for a longer term. Hazel Robinson advised that the view was at least another year was needed in order to build trust and confidence in staff to be able to raise concerns.

Jackie Davies referenced the long service awards and queried if the scheme was to cover those who had worked in the NHS in general for more than 20 years rather than just within the health board and predecessor organisations. Kay Myatt responded that it was now aggregated NHS service but not all of the dates on ESR were correct therefore staff had been asked to come forward if they had not been invited to an event. She added that people who had subsequently retired were also to be contacted.

Resolved: The report be **noted**.

221/19 MEDICAL RECRUITMENT STRATEGY

A report providing an update on the medical recruitment strategy was **received** and **noted**.

222/19 PADR/PAY PROGRESSION

A report setting out the process for pay progression in-line with completion of PADRs was **received**.

In introducing the report, Hazel Robinson highlighted the following points:

- The policy requiring a current PADR for pay progression would be in place from April 2020;

- Its implementation would be a significant piece of work which should not be underestimated;
- A further update would be received in quarter one of 2020-21.

In discussing the report, the following points were raised:

Tom Crick commented that if the structures and hierarchy were not in place, it would be challenging to achieve compliance. Hazel Robinson concurred, adding that there was a constant flux of change in the organisation but the aim was to align workforce hierarchies with financial ones in order for structures to be maintained on ESR.

Tom Crick queried as to what proportion of the structures had been input into ESR for self-service. Kathryn Jones advised it was below 50% but the changes following the Bridgend boundary change.

Resolved: The report be **noted**.

WORKFORCE RISKS

223/19 The workforce risk register was **received**.

In introducing the report, Hazel Robinson stated that workforce capacity remained the biggest risk but service critical posts had now been identified.

In discussing the report, the following points were raised:

Jackie Davies commented that if no investment was made into workforce, progress would not be made as it was the foundation of the health board. She added that the organisational development aspect also required investment to support staff to develop.

Tom Crick stated that workforce capacity needed to be a board discussion to consider the next five years. Gareth Howells concurred, adding that the organisation needed a structure that was fit for purpose rather than the main focus being on finance. Hazel Robinson responded that if workforce was right, performance and finance would follow therefore everything needed to be considered holistically. Tom Crick undertook to discuss the issue further at the chair's advisory group.

Hazel Robinson advised that the health board was named Macro Employer of the Year at the Apprenticeship Awards Cymru.

TC

Resolved:

- The report be **noted**.
- Issue of workforce capacity be raised at the chair's advisory group.

TC

224/19 NURSE STAFFING ACT

A report providing an update on compliance with the Nurse Staffing Levels (Wales) Act 2016 was **received**.

In introducing the report, Gareth Howells highlighted the following points:

- 29 wards were currently covered by the act, seven of which required adjusting in terms of staffing; the rest remained unchanged
- Paediatrics, mental health and district nursing were some of the areas due to go live next;
- Pressure ulcers and falls were reducing on wards compliant with the act.

In discussing the report, Tom Crick sought further clarity as to the position at Neath Port Talbot Hospital. Gareth Howells responded that due to the bed reconfiguration, a review was needed to determine if the remaining wards was covered by the act.

Resolved: The report be **noted**.

225/19 KW HIW ACTION PLAN

A report providing an update as to progress against the workforce elements of the KW HIW (Healthcare Inspectorate Wales) action plan was **received**.

In introducing the report, Kathryn Jones highlighted the following points:

- The majority of the action plan was now green as good progress had been made, with a handful of amber sections;
- The one red area related to disclosure and barring service (DBS) checks and work was ongoing in this regard;
- The national process for DBS checks was still awaited.

In discussing the report, Tom Crick stated that it was frustrating that the only red section related to a national piece of work. Hazel Robinson advised that the issue was being raised at the all-Wales Directors of Workforce forum.

Resolved: The report be **noted**.

226/19 WORKFORCE AND OD FORUM

A report setting out the key discussions of the workforce and OD forum was **received** and **noted**.

227/19 NURSING AND MIDWIFERY BOARD

A report setting out the key discussions of the nursing and midwifery board was **received**.

In discussing the report, Jackie Davies sought assurance that the new band four healthcare support worker roles would not be replacing registered nurses in ward establishments. Gareth Howells responded that they were enhancing the ward due to the number of vacancies but were not replacements for registered nurses.

228/19 MEDICAL WORKFORCE BOARD

A report setting out the key discussions of the medical workforce board was **received** and **noted**.

229/19 VACANCY CONTROL PANEL DECISIONS

A report setting out the decisions made by the vacancy control panel was **received** and **noted**.

230/19 ANY OTHER BUSINESS

There was no further business and the meeting was closed.

231/19 ITEMS TO REFER TO OTHER COMMITTEES

There were no items to refer to other committees.

232/19 DATE OF NEXT MEETING

The date of the next meeting was noted to be 17th December 2019.